

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

10,009,307

FILING DATE

11 APR 2002

APPLICANT(S)

Verschuur

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1			/				51						
2				/			52						
3				/			53						
4				/			54						
5				/			55						
6				/			56						
7				/			57						
8				/			58						
9				/			59						
10				/			60						
11				/			61						
12				/			62						
13				/			63						
14				/			64						
15				/			65						
16				/			66						
17				/			67						
18				/			68						
19				/			69						
20				/			70						
21				/			71						
22				/			72						
23			/				73						
24				/			74						
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31				/			81						
32				/			82						
33				/			83						
34				/			84						
35			/				85						
36							86						
37				/			87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.			3				TOTAL IND.						
TOTAL DEP.			33				TOTAL DEP.						
TOTAL CLAIMS			36				TOTAL CLAIMS						